

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

00-024

2. STATE:

Iowa

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

September 1, 2000

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR Part 440, Subpart B

7. FEDERAL BUDGET IMPACT:

a. FFY 00 \$ 0b. FFY 01 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, page 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 3.1-A, page 28d (MS-85-22)

Attachment 4.19-B, page 1 (MS-98-27)

10. SUBJECT OF AMENDMENT:

Elimination of genetic consultation clinics as a separate provider group

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Jessie K. Rasmussen

14. TITLE:

Director

15. DATE SUBMITTED:

September 26, 2000

16. RETURN TO:

Director

Department of Human Services

Hoover State Office Building, 5th Floor

Des Moines, IA 50319-0114

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

09/28/00

18. DATE APPROVED:

NOV 9 2000

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

09/01/00

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Thomas W. Lenz

22. TITLE:

ARA for Medicaid and State Operations

23. REMARKS:

cc:
Rasmussen
Headlee
CO

SPA CONTROL

Date Submitted 09/26/00

Date Received 09/28/00

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Methods and Standards for Establishing Payment Rates for Other Types of Care

The following services are reimbursed on the basis of a fee schedule established by the Department following negotiations with representatives of the provider group involved plus periodic percentage increases based on the appropriate index.

Ambulance services	Family and pediatric nurse	Physical therapists in
Area education agencies	practitioners	independent practice
Audiologists	Family planning centers	Physicians
Birth centers	Hearing aid dealers	Podiatrists
Chiropractors	Lead investigation agencies	Psychologists
Clinics	Nurse midwives	Screening centers (EPSDT)
Community mental health	Opticians	Transportation to receive
centers	Optometrists	necessary medical care
Dentists	Orthopedic shoe dealers	
Durable medical equipment		
dealers		

Ambulatory Surgical Centers and Independent Laboratories

The basis of payment for ambulatory surgical centers and independent laboratories is a fee schedule, as determined by Medicare.

Home Health Agencies and Rehabilitation Agencies

The basis of payment for home health agencies and rehabilitation agencies is reasonable cost on a retrospective basis. EPSDT private duty nursing and personal care services provided by a home health agency are reimbursed on an hourly basis using an interim fee schedule established by the Department. Vaccines for Children (VFC) is reimbursed on a vaccine administration interim fee schedule based on the physician fee schedule. EPSDT private duty nursing and personal care services and VFC services are retrospectively cost-settled.

Rural Health Clinics

The basis of payment for rural health clinics is reasonable cost on a retrospective basis, following Medicare principles. For rural health clinics under contract with a managed care organization, the Department shall make a supplemental payment to the clinic at least quarterly in an amount equal to the difference between the contracted amount and the cost-based amount, beginning January 1998.

Maternal Health Centers

The basis of payment for maternal health centers is reasonable cost on a prospective basis, as determined by the Department based on financial and statistical information submitted by the provider.

State Plan TN #	<u>MS-00-24</u>	Effective	<u>09/01/00</u>
Superseded TN #	<u>MS-98-27</u>	Approved	<u>NOV 9 2000</u>